

Gods time

(1) Introduction

(2) Individual Report

(3) All Year's Summary

(4) Business Administration (1914-1915)

(5) Summary of the Year's Work (1914-1915)

(6) Summary of the Year's Work

(7) Summary of the Year's Work

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The Grange,

Blechingley,

March 1916.

To The Chairman & Councillors of the
Rural District of Godstone

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual
Report for 1915.

In accordance with the request of the Local Government Board no recurrent matter has been included in this report which is confined purely to the work done in the year. The subjects dealt with are as follows:-

- (1) Notifiable Diseases
- (2) Hospital Report
- (3) Military Camps
- (4) Sanitary Administration and work done in 1915.
- (5) Subjects of Circular letters from Local Government Board considered in 1915.
- (6) Statistical.

NOTIFIABLE DISEASES.

TUBERCULOSIS.

The cases of Pulmonary Tuberculosis notified during 1915 were 21. Of these 11 received Sanatorium Benefit. Of other forms of tuberculosis there were six notifications and two of these received institutional treatment.

There were 11 deaths of residents in the district from Pulmonary Tuberculosis and 8 from other forms of Tuberculosis including one from Tuberculous Meningitis. The majority of the deaths from Pulmonary Tuberculosis took place between the ages of 25 and 45.

Disinfection after removal or death was carried out in the usual manner.

SCARLET FEVER.

There were 83 notifications of this disease in 1915 (as against 54 in 1914) 23 in East, 21 in North, 33 in West and 6 in South Ward.

A rate per 1000 of estimated population of 3.5.

The attack rate for 1914 was 2.12 per 1000.

Whereas in 1914 the South Ward was mostly attacked, in 1915 the North East and West wards were mainly attacked, and it was in these wards that there was most contact with the Military. The majority of the cases in the East Ward occurred in the spring and were clearly due to importation from a soldier's family coming into the district, immediately on the discharge of one of the members of that family from an isolation hospital after scarlet fever. The disease broke out next door very promptly.

The majority of the cases in the West Ward occurred in the Summer and early Autumn. The infection in the West showed no clear connection with the Military and I think was traceable to neighbouring towns.

The most of the North Ward cases occurred in the Autumn and last months of the year. The cases were all of school age.

It is significant that the ward attacked one year and showing the majority of cases (mostly of school age) in that year, is almost immune next year. It will be interesting to note if the wards which had most of the disease in 1915 have least of it in 1916.

Of the 83 cases notified 52 were in children of school age, and 14 between ages of one and five. There were 3 deaths from scarlet fever. 2 died in our hospital, one was a "transferred" death.

DIPHTHERIA.

12 notifications of this disease in 1915.

The attack rate per 1000 was .58 in 1915 as compared with .41 in 1914. These were divided between the wards as to North Ward 6, South Ward 5, and West Ward 1. 8 of the cases were of school age. There were no deaths. All the cases were mild, 3 were bacteriological only. The cases occurred at long intervals in single families. There was never during the year an epidemic of the disease.

I have called attention of practitioners in the district to the value of early swabbing and administration of antitoxin in this disease. The hope is an ultimate reduction of the incidence of the disease to the vanishing point.

ERYSIPELAS.

Of the 10 notifications of this disease six were in the West Ward. All the cases were mild, and none of them were connected. There were no deaths.

CEREBROSPINAL MENINGITIS.

There were two cases notified with one death. One was in an infant diagnosed when moribund. The child appeared to me to have died of broncho-pneumonia and convulsions. The

other turned out to have no meningococci in the cerebro-spinal fluid, which was sterile, and the subsequent appearance of the case suggested tuberculosis. This case recovered.

POSTERIOR BASIC MENINGITIS.

One case of a resident was reported from Paddington Green Hospital for children.

There was one case of Acute Anterior Poliomyelitis in a child of 3½. This child recovered without permanent paralysis.

There were no other notifiable diseases notified.

The comparison of the attack rates of Scarlet Fever and of Diphtheria in our District with the general attack rate for the rural districts of Surrey works out as follows:-

Scarlet Fever: our rate 3.49 per 1000 of the population. Rate
in Surrey rural districts 3.00 " " "

Diphtheria: our rate 0.58 per 1000 of the population. Rate
in Surrey rural districts 1.10 " " "

The Surrey county rate for Scarlet Fever is 3.11 and for Diphtheria is 1.24.

So that we had more than our share of Scarlet Fever last year and much less than our share of Diphtheria.

ADDINGTON.

This parish was added to our district on 1st of April 1915. On my recommendation an arrangement was entered into with Croydon Corporation whereby the latter undertakes to remove to their non Isolation Hospital cases of infectious disease from the Parish of Addington - the Godstone Rural District Council bearing the cost of maintenance at two guineas per week per case and also the cost of removal and disinfection.

ISOLATION HOSPITAL

The Isolation Hospital, situated east of Blechingley on a hill sloping to the North now consists of four blocks.

(1) The Old Scarlet Fever Pavilion, of wood with corrugated iron roof, has four wards Matron's room and bedroom, bathroom, disinfection or discharge room and kitchen with scullery attached. There are 18 beds and 4 cots. The four wards are two larger containing 6 beds and 2 cots each and two wards with 3 beds each.

This block, after a useful existence of nearly twenty years, now stands condemned and the Committee and Council had just decided upon the erection of a new Scarlet Fever Block and also an Administration Block when the Military Authorities of the Eastern Command asked for permission to erect a block or pavilion (Model C.) L.G.B. for the reception of 22 cases of infectious disease in the military, and also an administrative block. Permission was granted by the Council at once, and in May the two blocks were erected.

(2) The War Block or Pavilion for Infectious cases is two long wards of 11 beds each with nurses kitchen and offices in the centre and opening off ward on either side is an observation ward with one bed. This pavilion is built of thin sheeting of "Asbestone" nailed on wooden supports the joinings covered in with outside wooden fillets. The roof is of "Ruberoid". The whole structure is lined with wood painted over with several coats of paint and finally waterproof varnished. The foundation is on concrete and bricks - the foundation where the hill slopes to the North required levelling up. Negotiations were entered into between the Council and the Eastern Command, before the erection of this block and the Administrative block, on the question of the Council taking over these two blocks at the conclusion of the War. If the Council would take over both blocks they would both

be built in a manner that would allow the Local Government Board to grant a 25 years loan on any sum required to purchase such buildings - that is they were said to have a life of 25 years. In the case of the Pavilion for Infectious Disease the Council agreed to take it over at the conclusion of the War. The Council was influenced by two considerations mainly; first that the cost of building a new permanent block to replace the condemned old block would be a very heavy drain on the rates at the present time on account of the rise in the price of building materials, secondly that it would take a long time to complete on account of the shortage of labour, while here was a block offered which was to last 25 years, take only about a month to erect, and be erected at a cost of £1,500 and further be handed over to the Council at the conclusion of the War at a valuation. When it was stated that the erection of a brick building similar in style to the Diphtheria Block would cost the Council something like £9,000 the Council decided to close with the bargain offered by the Eastern Command. Soon after the erection of the block defects were discovered - in defective sheets of Asbestone - but, most important, in the absence of concrete bedding for the foundations of the wooden supports of the erection - and in the fact that on the South side the whole erection was laid simply on the ground with no surrounding concrete. A few heavy showers of rain with a general flooding rushing down the slopes of the hill soon revealed the last defect by rushing into the ventilators under the floors of the wards and flooding the hospital. Although the building had been handed over to the management of the Council complaints were at once made to the War Office and a building expert was sent down who rectified the omissions. After some months the whole block was surrounded with concrete on its upper or southern side. This has cured the defect of rain getting beneath the flooring. However at the end of the

year the Block was not yet opened for reception of patients. But it will be opened early in 1916. For the equipment of this block the Eastern Command allowed £10 per bed - £220 in all. The Matron and Medical Officer drew up a list of equipment which was largely cut down by the Military Authorities to bring it within the prescribed limit.

(3) The Administration Block. In view of the erection by the Eastern Command of an administrative block the question of the erection of such a block by the Council was postponed although the Council has plans of this block from an architect. But the present administration block is of temporary nature erected by the Eastern Command and to be removed at the conclusion of the War.

The future administration block is to occupy the site of the present old Scarlet Fever block. The present Administration block is placed close to the drive half way up the hill and is in line with the new War Block. It has a nurses' common room, matron's room and four bedrooms with Kitchen and usual offices. It is a temporary structure of asbestone and wood. Outside of this lies a boiler house supplying hot water to both these new blocks. This boiler works satisfactorily.

(4) The Diphtheria Block is built of brick and is the only permanent erection, except the lodge at the gates in the grounds.

It consists of two wards with central offices. Each ward can take six beds but usually only four are provided - 8 beds and 4 cots in all. The whole Hospital can now take 52 patients. In view of the fact that the Military Authorities expect us to take any infectious disease from Military Camps and hospitals the old Scarlet Fever block with its four separate wards will be kept for miscellaneous cases and the new block will be devoted to Scarlet Fever only, with the two observation beds for doubtful Scarlet Fever cases.

During the year the admissions have been -

Civil cases 73 scarlet fever
 10 diphtheria
 1 cerebrospinal meningitis

Total 84 cases

Military Cases 6 scarlet fever
 3 diphtheria
 3 tonsillitis
 2 measles

 2 mumps

1 German measles

Total 17 cases

There remained in Hospital at the end of the year 3 civil cases of scarlet fever and 2 Military cases of scarlet fever.

Analysing the cases we find -

(a) Of the Scarlet Fever cases:

(1) Mild and with no complications: (c) Civil cases 31

(m) Military cases 3

(11) Complications occurred as follows :-

Adenitis C.26

 M. 1 Malignant S.F. }
 with septicaemia } C.2

Otitis C.15

 M. 1 There were 2 deaths both of the

Rheumatism C.10 malignant cases.

 M. 1

Rhinitis C. 2

 M. 1 There was one error of diagnosis in the

Cardiac C. 4

 M. 1 civil cases which was German measles. This

Tonsillar

abscess M. 1

- (b) Diphtheria. These were all mild, some only bacteriological - only one had any complication and that was albuminuria. There were no cases of diphtheritic paralysis.
- (c) Cerebrospinal This case was an error in diagnosis -
Meningitis. probably tuberculosis. The cerebrospinal fluid was sterile.

The number of Infectious diseases than can be simultaneously treated now in the Hospital has risen to seven since the opening of the new block has enabled us to clear the separate wards of the old Block.

DISINFECTION. The routine of this has been carried out to my satisfaction and I will not repeat the lines of this, which will be found in previous reports. A great strain was put on this department during the year, disinfecting bedding for troops.

During the year the subject of disinfection after infectious disease came up for discussion.

It then appeared that the Council had no officer specifically elected to the duty of superintending disinfection, although the Sanitary Inspector had been doing so voluntarily ever since his appointment. On the attention of the Council being drawn to the Local Government Board Regulation of December 1910 that if the Sanitary Inspector were specifically appointed to the work an increase of his salary is required in accordance with the work to be done, it was decided to accept the Sanitary Inspector's offer to continue as before. In my opinion it is open to doubt whether the Council can accept this offer without paying for it.

During the year the strain on the disinfection referred to above was caused by the amount of clothing to be dealt with from the Military camps - clothing mostly infected by

parasites - further, disinfection in connection with refugees and with the billets in villages increased the strain on the Sanitary Department.

MILITARY CAMPS & BILLETING IN THE DISTRICT in 1915.

We had three large camps in the district for most of summer of 1915, at Warlingham, Woldingham and Tandridge. Also extensive billeting in many villages. The fact that we only admitted 17 cases of infectious disease from these camps to the hospital speaks well for the health of the troops. But I have no doubt the constant vigilance of your sanitary department in helping with the sanitary side of these camps and in inspecting billets was largely contributory to this satisfactory state of affairs. There must have been quite 8,000 soldiers in the district at one time.

The Council were the contractors for the emptying of pails in both Warlingham and Tandridge Camps. The co-operation of the Civil and the Military Authorities was found to be perfectly satisfactory.

SANITARY ADMINISTRATION OF THE DISTRICT and WORK done.

The number of inspections made during 1915 was 1439. 49 Statutory notices were served and 536 informal notices, either by letter or given verbally, and the re-inspections amount to 2790. The number of complaints received, written and verbal, was 151.

Housing & Town Planning Act 1909 &c.

The Council adopted a resolution of the Sanitary Committee early in the year that systematic house inspections should be postponed during the War - on account of the difficulty of obtaining labour and building materials.

I myself suggested a relaxation of the systematic inspections but not a general abandonment of these during the War. In view of the rising death rate and decreasing birth rate it is most important to maintain the housing conditions to the best obtainable standard, and this can only be achieved by the continuance of a systematic house-to-house inspection.

The following is a summary of the work in house inspection done before the above resolution was passed.

HOUSE TO HOUSE INSPECTION 1915.

DEFECTS.

Houses inspected 105

Defects 66

Windows defective	1
Walls damp	5
Ceilings dirty and defective	6
Leaky roofs	27
Scullery Sink defective	1
Drainage defective	2
<u>Closet accommodation.</u>	
" condition dirty	5
" structurally defective	4
Houses cleaned throughout	1
Guttering and Rain Water Pipes defective.	7
Overcrowding	1
Defective stairs	1
Floors defective	3
Insufficient ashpits	2
	<hr/>
	66
	<hr/>

All notices served were complied with.

During the year the houses built by the Council in Limpsfield were opened and immediately occupied. I reported

at the time that I considered the rental (5/9 per week) too high to be within the means of the poorest labouring classes and that accordingly I thought the efforts of the Council to house working classes would not be successful in getting the poorest out of the very old and cheaply-rented cottages which are always on the borderland of uninhabitability. The cottages are a good standard to which to work.

Representations were made by me for the closing of nine dwellings in the Parish of Tatsfield. These dwellings were all closed accordingly, and one was demolished voluntarily, and another was destroyed by a fire. The remaining dwellings are still in existence but closed. My application for a demolition order for these remaining cottages was suspended.

In connection with the various V.A.D. Hospitals the assistance of the Sanitary department with regard to condition of drainage was sought and was willingly given.

WATER SUPPLIES

A considerable amount of time was spent on Water Supplies.

Samples were taken for chemical and bacterial analyses from the Public Mains and from several sources of supply.

At Addington, a private supply entailed a large number of inspections and conferences. These ended in the Croydon Water Main being extended to supply several residences previously supplied from the unsatisfactory private source.

Recurrent matters of water supply are excluded this year.

SUBJECTS OF CIRCULAR LETTERS from LOCAL GOVERNMENT
BOARD during 1915.

1. PUBLIC HEALTH (SHELL FISH) REGULATIONS 1915.

There are no "layings" of shell fish in this district within my knowledge.

11. CIRCULARS DEALING WITH SPOTTED FEVER or CEREBRO SPINAL
MENINGITIS.

In conjunction with the County Medical Officer of Health we now have satisfactory machinery for dealing with cases of this disease. We can isolate the cases in the Isolation Hospital at Blechingley and the bacteriologist from Kingston comes at once to take cultures from contacts and co-operate in dealing with them, also to make cultures from the modified cases. The two cases of this disease in our district in 1915 both proved to be errors in diagnosis.

111. CIRCULARS RELATING TO CO-OPERATION OF CIVIL and
MILITARY AUTHORITIES in SANITARY MATTERS.

We have faithfully followed out the directions in these circulars. Much time has been consumed by the Officers of the Sanitary Department in conferences with the Military Sanitary Officers on sanitary matters in camps and Billets. I have no doubt the general health of the district and of the troops quartered within it benefitted largely by this wholehearted co-operation.

FOOD SUPPLIES AT CAMPS:-

A circular letter from Chief Inspector of Foods (Local Government Board) was received with a list of firms in the

district supplying food stuffs to the various camps and requesting inspections of these premises. This request was complied with.

IV. COMPULSORY NOTIFICATION OF MEASLES, GERMAN MEASLES and WHOOPING COUGH.

The first circular gave power to Sanitary Authorities to adopt compulsory notification of these diseases after taking the circular into consideration. In discussing the question I advised the Council as follows:-

(1) Compulsory notification of all these diseases had been tried in various boroughs in the United Kingdom. It had not succeeded in diminishing the mortality. Most boroughs had given it up as useless, and expensive.

(2) Measles and whooping cough are both infectious before such characteristics of them, as make them unmistakeable, are developed. Consequently as the mischief has already been spread before notification becomes effective notification is always behind hand as a preventive of the spread of these diseases. This consideration does not invalidate the contention that the mortality might be lessened by securing medical assistance which a system of notification might bring about.

(3) Most measles and whooping cough is caught in schools. As deputy school Medical Officer I am already notified of the first cases of measles and of whooping cough occurring in all schools in the district.

On these considerations the Council elected not to apply for powers to put compulsory notification in practice.

V. 2nd CIRCULAR COMPULSORY NOTIFICATION OF MEASLES AND GERMAN MEASLES.

This made these two diseases compulsorily notifiable on

and after January 1st 1916. So that there was no room for discussion of the relative gain or loss in the matter. But the Compulsory appointment of a visitor in the person of a trained nurse opened up an opportunity taking into consideration this question along with the question of the health visitor under the Maternity and Child Welfare Regulations. As the Council had already decided to leave the matter of the latter appointment in the hands of the County Authority and to repay the County Authority for the expense of the work done in Godstone Rural District the Council further left this matter of a visiting nurse in the hands of the County Authority. At least two such nurses would be needed in such an extensive district, I pointed out, as that of Godstone; One to take the north and East Wards and one to take the West and South Wards. So the matter stands that we look to the County Authority to supply us with the necessary nurses for visiting cases of measles and also for visiting mothers in pregnancy and confinement.

Further reflection on the Compulsory notification of Measles leaves me to remark as follows:-

The object that this notification must have is the lessening of the mortality from measles. Now the age at which a child is afflicted with measles has much to do with the mortality. The younger the child the more dangerous the disease. The obvious course then seems to me to be to be to raise the School-entrance age. It is well known that the School is the great disseminator of measles. The eldest child reaches five years old, goes to School, gets measles, brings it home and infects the baby who gets broncho-pneumonia and dies. That is an all-too-common sequence of events. Raise the school age to 7 years and the incidence of Measles on the poorer classes would

decline, and the mortality would surely decline with it. This would entail the abolition of "Infant" Schools and a very great saving of money to the Country. For although the Infant School must be a very great comfort to the mother of many, the Infant School is the danger spot.

As a matter meriting attention I put forward the proposition that the school age should be from 7 years to 16 years instead of from 5 years to 14. Besides abating the dangers at the lower end of the scale the children would be kept under the disciplinary eye of the teacher between the years of 14 and 16 years when such discipline with refining influence would be of incalculable benefit to the youth of the Country.

VACCINATION STATISTICS

The latest returns for a complete year, available are those for 1914.

The number of births was 625.

Of these 294 were vaccinated.

Postponement, removals, deaths before vaccination could be done and other causes accounted for 71.

Deducting this 71 from 625 we might expect that 554 children would be vaccinated. But of this only 294 were vaccinated and the remaining 260 were unvaccinated because of "conscientious objection" Only 53 per cent of those that might have been vaccinated were vaccinated. These figures reflect the public indifference to the dangers of small-pox.

VACCINATION RETURNS (in Union)

Year	No. of Births in Union District	Successful- ly vaccinat- ed or Insus- ceptible	Conscient- ious Objec- tors.	Died un- vaccinated	Removes &c.
1st. Jany to 31st. Dec. 1911	676	390	219	36	26
1st Jan to 31st Dec. 1912.	626	337	226	20	32
1st Jan. to 31st Dec. 1913.	627	333	237	26	31
1st Jan. to 31st Dec. 1914.	625	294	260	35	36

VITAL STATISTICS

The estimated population at the middle of 1915 is given me from the Registrar-General as 22,463.

This makes the nett death rate, corrected stand at 12.7. per 1000.

It is to be noted that these figures apply to the civilian population alone.

The birth rate figure is 15.2. per 1000.

The Death Rate under 1 year, is 76.7. per 1000 - the highest for some years.

These figures show what has been expected for some time namely a steadily rising death-rate combined with a steadily decreasing birth rate and give point to the Local Government Board's letters on the importance of Maternity and Infant Welfare Work.

The year 1915 has been an arduous one for the Sanitary Department and I have to thank the Officers for the cordial help and co-operation.

I have the honour to be, Gentlemen,

Your Faithful Servant,

F. W. ROBERTSON, M.A. Glasgow.

M.D. & B.S. London.

M.R.C.S. & L.R.C.P.

TABLE I.
VITAL STATISTICS OF WHOLE DISTRICT DURING 1915 AND PREVIOUS YEARS
GODSTONE RURAL DISTRICT.

Year.	Population estimated to middle of each Year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un-corrected No.	Nett.				of Non-residents regist'r'd in the District.	of Residents not regist'r'd in the District.	Under one year of age.		At all ages.	
			No.	Rate.	No.	Rate.			No.	Rate per 1,000 nett Births.	No.	Rate.
I	2	3	4	5	6	7	8	9	10	11	12	13
1910	24 150	446		18'46	243	10'6			25	56	194	8'0
1911	a22,675	469	471	20'77	222	9'7	5	18	28	59'4	235	10'3
1912	b23,950	432	431	18'4	263	10'9	72	16	21	48'72	207	8'9
1913	b24,440	436	437	c18'3	266	10'9	72	26	21	48'0	220	8'7
1914	b24,730	441	439	c18'23	284	d11'48	69	31	29	66'0	246	9'8
1915	§22 463	362	365	c15'2	333	*13'61	85	38	28	76'7	286	12'7

Area of District in acres (land and inland water) ... 50,000 Total Population at all ages ... 23,317 } At Census, 1911.
Total Families or separate occupiers 4,600 }

Notes on above Table ; reference to lettering ;—

a These figures do not include 650 beds of inmates at Croydon Mental Hospital situated in the district. These beds are occupied by Croydon residents.

b These figures include the above 650 inmates.

c The calculation is on a figure of 24,080 in 1915 and 1914, and of 23,790 in 1913.

d This figure is calculated on gross figure of 24,730.

One soldier—a non-resident—died in a War Hospital in the district—of a shell wound of the skull. This death is not included in this Table.

A Addington Parish was added to the Rural District on April 1st, 1915.

§ This figure for 1915 is supplied by the Statistical Department of the Local Government Board.

* Calculated on population of 22'463.

TABLE II.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1915.
GODSTONE RURAL DISTRICT.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY (e.g. Parish or Ward) of the District.							TOTAL CASES REMOVED TO HOSPITAL	ERRORS IN DIAGNOSIS.
	At All Ages.	At Ages—YEARS..							1 North Ward.	2 South Ward.	3 East Ward.	4 West Ward.	5	6	7		
		Under 1.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.									
Small-pox
Cholera (C) Plague (P)
Diphtheria (including Membranous croup)	8	4	...	...	...	...	6	5	...	1	6	...	...	...
Erysipelas ...	12	...	...	...	3	3	2	...	...	1	...	3	6	...	...	...	10
Scarlet fever ...	83	...	14	52	8	9	...	...	...	21	6	23	33	...	...	...	73
Typhus fever
Enteric fever
Relapsing fever (R)
Continued fever (C)
Puerperal fever
Cerebro-spinal Meningitis
Polio-myelitis	2	...	...	...	...	...	...	1
Ophthalmia Neonatorum
Pulmonary Tuberculosis
Other forms of Tuberculosis	9	4	1	7	...	...	...	8, San. Ben'ft
Meningitis Posterior Basic...	2, San. Ben'ft
TOTALS ...	136	2	19	61	22	24	5	3	...	40	15	30	51	...	...	...	94

ISOLATION HOSPITAL situate at Bletchingley in district, and provided by District Council, has now 58 Beds and Seven Diseases can be simultaneously treated. No Sanatoria.

Table showing the results of the analysis of the samples of the material, and the results of the tests of the material.

No. of Sample	Name of Sample	Analysis of Sample					Tests of Sample					Remarks
		1	2	3	4	5	6	7	8	9	10	
1	Sample 1	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 1
2	Sample 2	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 2
3	Sample 3	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 3
4	Sample 4	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 4
5	Sample 5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 5
6	Sample 6	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 6
7	Sample 7	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 7
8	Sample 8	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 8
9	Sample 9	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 9
10	Sample 10	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Sample 10

TABLE II
ANALYSIS OF THE SAMPLES OF THE MATERIAL

TABLE III.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1915.
GODSTONE RURAL DISTRICT.

CAUSES OF DEATH.				Nett Deaths at the Subjoined Ages of "Residents" whether occurring within or without the District.									Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District
				At all ages.	under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	
All Causes	Certified ...	...	...	286	28	13	7	12	8	35	63	120	122
	Uncertified	...	...	—	—	—	—	—	—	—	—	—	—
Enteric Fever ...	...	...	...	—	—	—	—	—	—	—	—	—	—
Small-pox ...	...	...	...	—	—	—	—	—	—	—	—	—	—
Measles ...	...	...	...	6	1	2	2	1	—	—	—	—	—
Scarlet fever ...	...	...	...	3	—	—	1	1	—	1	—	—	2
Whooping-cough ...	...	...	...	3	1	1	1	—	—	—	—	—	2
Diphtheria and Croup...	...	...	...	—	—	—	—	—	—	—	—	—	—
Influenza ...	...	...	...	8	1	1	—	1	—	2	—	3	—
Erysipelas ...	...	...	...	—	—	—	—	—	—	—	—	—	—
Phthisis (pulmonary tuberculosis)	...	...	...	11	—	—	—	1	—	7	2	1	10
Tuberculous Meningitis	...	...	...	1	—	1	—	—	—	—	—	—	—
Other tubercular diseases	...	...	...	7	1	1	—	1	1	2	1	—	1
Cancer, malignant disease	...	...	...	29	—	—	—	—	—	—	11	18	4
Rheumatic Fever ...	...	...	...	1	—	—	—	—	1	—	—	—	1
Meningitis ...	...	...	...	5	3	—	1	—	1	—	—	—	—
Organic Heart Disease	...	...	...	20	—	—	—	—	—	5	4	11	21
Bronchitis ...	...	...	...	22	3	2	—	—	1	2	—	14	1
Pneumonia (all forms) ...	...	...	...	12	2	2	—	1	—	1	1	5	11
Other diseases of Respiratory organs	...	...	...	1	—	—	—	—	—	—	—	1	1
Diarrhoea and Enteritis	...	...	...	6	4	—	—	—	—	1	1	—	—
Appendicitis and Typhilitis	...	...	...	4	—	—	—	1	—	2	1	—	—
Cirrhosis of Liver ...	...	...	...	8	—	—	—	—	—	1	7	—	3
Alcoholism ...	...	...	...	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease	...	...	...	6	—	—	—	—	—	1	3	2	1
Puerperal fever ...	...	...	...	—	—	—	—	—	—	—	—	—	—
Other accidents and diseases of Pregnancy and Parturition	...	...	...	1	—	—	—	—	—	1	—	—	—
Congenital Debility and Malformation including Premature Birth	...	...	...	10	8	—	1	1	—	—	—	—	1
Violent deaths, excluding Suicide	...	...	...	11	1	1	1	2	2	2	2	—	2
Suicides ...	...	...	...	2	—	—	—	—	—	1	1	—	—
Other Defined Diseases	...	...	...	89	2	—	—	2	2	5	27	51	52
Diseases ill-defined or unknown	...	...	...	20	1	2	—	—	—	1	2	14	9
TOTALS				286	28	13	7	12	8	35	63	120	122
Sub-entries included in above figures.				...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	...	...	...	1	1	—	—	—	1	—	—	—	—
Poliomyelitis ...	...	...	...	—	—	—	—	—	—	—	—	—	—
Co-existent Infectious Diseases	...	...	...	1	—	—	1	—	—	—	—	—	—
Pneumonia (lobar)	...	...	...	3	—	—	—	1	—	1	—	1	3

TABLE III.

PERCENTAGE OF THE TOTAL AREA OF THE UNITED STATES IN WHICH THE PERCENTAGE OF THE TOTAL AREA OF THE UNITED STATES IS LESS THAN 10 PERCENT.

State	Area in square miles	Percentage of total area	Percentage of total area less than 10 percent
Alabama	52,420	1.9	1.9
Alaska	588,000	22.7	22.7
Arizona	113,990	4.4	4.4
Arkansas	53,170	2.0	2.0
California	158,330	6.1	6.1
Colorado	104,230	4.0	4.0
Connecticut	5,540	0.2	0.2
Delaware	2,480	0.1	0.1
District of Columbia	680	0.0	0.0
Florida	57,920	2.2	2.2
Georgia	59,720	2.3	2.3
Idaho	84,160	3.2	3.2
Illinois	57,910	2.2	2.2
Indiana	39,420	1.5	1.5
Iowa	56,270	2.1	2.1
Kansas	82,270	3.1	3.1
Kentucky	40,420	1.5	1.5
Louisiana	52,430	2.0	2.0
Maine	33,090	1.2	1.2
Maryland	12,160	0.4	0.4
Massachusetts	8,010	0.3	0.3
Michigan	96,710	3.7	3.7
Minnesota	225,180	8.7	8.7
Mississippi	47,820	1.8	1.8
Missouri	69,700	2.7	2.7
Montana	147,040	5.7	5.7
Nebraska	77,340	3.0	3.0
Nevada	110,630	4.3	4.3
New Hampshire	9,340	0.3	0.3
New Jersey	8,790	0.3	0.3
New Mexico	121,670	4.7	4.7
New York	47,150	1.8	1.8
North Carolina	51,880	2.0	2.0
North Dakota	70,620	2.7	2.7
Ohio	42,340	1.6	1.6
Oklahoma	69,890	2.7	2.7
Oregon	84,520	3.2	3.2
Pennsylvania	46,080	1.7	1.7
Rhode Island	1,540	0.0	0.0
South Carolina	32,020	1.2	1.2
South Dakota	77,090	3.0	3.0
Tennessee	42,340	1.6	1.6
Texas	695,820	27.1	27.1
Vermont	9,490	0.3	0.3
Virginia	42,770	1.6	1.6
Washington	71,300	2.7	2.7
West Virginia	62,790	2.4	2.4
Wisconsin	65,490	2.5	2.5
Wyoming	97,810	3.8	3.8
Total	2,700,000	100.0	100.0

TABLE IV.
GODSTONE RURAL DISTRICT.
INFANT MORTALITY, 1915. Nett Deaths from stated causes
at various Ages under 1 Year of Age.

CAUSE OF DEATH.			Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year.
All causes	{ Certified Uncertified	6	...	2	2	10	5	7	4	2	28	
		
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	1	...	...	...	1
Scarlet fever	...	...	...	...	...	...	...	...	...	...	...	...
Whooping-cough	...	...	...	...	...	...	...	...	1	...	...	1
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
Tubercular Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	1	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	1	...	...	...	1
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	1	2	...	...	3
Convulsions	...	...	...	...	...	...	...	...	1	...	...	1
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	1	...	...	1	2	...	1	...	...	...	3
Pneumonia (all forms)	...	...	...	1	...	1	1	...	...	1	...	3
Diarrhoea	...	...	...	...	...	...	...	1	...	1	...	2
Enteritis	...	...	...	...	...	...	...	2	...	...	...	2
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	1	...	...	...	1	...	...	...	...	...	1
Atelectasis	...	1	...	...	...	1	...	...	...	...	...	1
Congenital Malformations	...	1	...	...	...	1	2	...	...	...	...	3
Premature birth	...	2	...	1	...	3	...	...	...	...	...	3
Atrophy, Debility and Marasmus	...	...	...	...	1	1	1	...	...	...	...	2
Other causes	...	...	...	...	...	...	1	...	...	...	...	1
TOTALS			6	...	2	2	10	5	7	4	2	28

Nett Births registered during the calendar year	{	Legitimate ...	350	Nett Deaths registered during the calendar year of	{	Legitimate Infants ...	26
		Illegitimate ...	15			Illegitimate Infants ...	2

TABLE IV

1900-1901 (1900-1901)

1900-1901 (1900-1901)

No.	Name	Age	Sex	Occupation	Marital Status	Religion	Education	Income	Assets	Liabilities	Net Worth	Remarks
1	John Doe	35	M	Farmer	Married	Protestant	High School	\$1,200	\$5,000	\$2,000	\$3,000	
2	Jane Doe	32	F	Homemaker	Married	Protestant	High School	\$1,200	\$5,000	\$2,000	\$3,000	
3	John Smith	40	M	Teacher	Married	Catholic	College	\$2,500	\$10,000	\$4,000	\$6,000	
4	Jane Smith	38	F	Homemaker	Married	Catholic	College	\$2,500	\$10,000	\$4,000	\$6,000	
5	John Brown	25	M	Student	Single	Protestant	College	\$500	\$1,000	\$0	\$1,000	
6	Jane Brown	22	F	Student	Single	Protestant	College	\$500	\$1,000	\$0	\$1,000	
7	John White	50	M	Retired	Married	Protestant	High School	\$1,000	\$3,000	\$1,000	\$2,000	
8	Jane White	48	F	Homemaker	Married	Protestant	High School	\$1,000	\$3,000	\$1,000	\$2,000	
9	John Black	30	M	Businessman	Married	Jewish	College	\$3,000	\$15,000	\$5,000	\$10,000	
10	Jane Black	28	F	Homemaker	Married	Jewish	College	\$3,000	\$15,000	\$5,000	\$10,000	

1900-1901 (1900-1901)

TABLE V.

ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901, IN CONNECTION WITH
 FACTORIES, WORKSHOPS, WORKPLACES, and HOMEWORK.
 GODSTONE RURAL DISTRICT.

I.—INSPECTION.

Including Inspections made by Inspector of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries)	11	...	...
Workshops (Including Workshop Laundries)	98	23	
Workplaces (Other than Outworkers' premises)	12	3	...
Total	121	26	None.

2.—DEFECTS FOUND.

Want of Cleanliness 26. All remedied.

TABLE A

Summary of the results of the investigation into the causes of the fire at the factory on the 15th of March 1900.

Prepared by the Fire Insurance Company.

1900.

Summary of the results of the investigation into the causes of the fire at the factory on the 15th of March 1900.

Date	Time	Place	Cause
15th	10.15	Factory	Overheating of engine
16th	11.30	Factory	Faulty wiring
17th	12.45	Factory	Faulty wiring
18th	1.15	Factory	Faulty wiring
19th	2.30	Factory	Faulty wiring
20th	3.45	Factory	Faulty wiring
21st	4.15	Factory	Faulty wiring
22nd	5.30	Factory	Faulty wiring
23rd	6.45	Factory	Faulty wiring
24th	7.15	Factory	Faulty wiring
25th	8.30	Factory	Faulty wiring
26th	9.45	Factory	Faulty wiring
27th	10.15	Factory	Faulty wiring
28th	11.30	Factory	Faulty wiring
29th	12.45	Factory	Faulty wiring
30th	1.15	Factory	Faulty wiring
31st	2.30	Factory	Faulty wiring

TABLE V. (*continued*). 3.—HOME WORK.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.		Number.
Bakers	...	23
Blacksmiths, Wheelwrights, and Coachbuilders	...	19
Brickmakers	...	6
Builders and Decorators	...	33
Boot Makers and Repairers	...	9
Dressmakers and Milliners	...	7
Engineers and Cycle Makers	...	10
Fly Proprietors	...	6
Laundries (Steam and Domestic)	...	7
Millers	...	3
Printers	...	2
Saddlers	...	8
Tailors	...	15
Total number of Workshops on Register		148

TABLE V. (*continued*). OTHER MATTERS

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133) ...	...
Action taken in Matters referred by H.M. Inspector { Notified by H.M. Inspector ...	...
as remediable under the Public Health Acts, but { Reports (of action taken) sent	...
not under the Factory and Workshop Act, (s. 5) to H.M. Inspector ...	...
Other ... ..	...
Underground Bakehouses (s. 101) :—	
Certificates granted during the year ... ..	...
In use at the end of the year ... ..	...
	None.

SALE OF FOOD AND DRUGS ACT.

Samples Analysed in 1915.

GODSTONE RURAL DISTRICT.

ARTICLES.	Analysed.	Genuine.	Adulterated.	Prosecutions	Convictions.
Milk	38	34	4		
Butter	17	17			
Cheese	1	1			
Sugar	1	1			
Confectionery and Jam	1	1			
Beer	4	4			
Spirits	7	6	1		
Drugs	1	0	1		
Other Articles	4	4			

